

Appendix 7

Real-Time Claim Response Examples for Coordination of Benefits Claims

The examples in this appendix indicate how certain SeniorCare claims would appear in a real-time Point-of-Sale (POS) claim response. In all of these examples, the following are constants:

- The usual and customary charge for each prescription drug is \$125.
- The SeniorCare rate for each prescription drug is \$87.
- A brand-name drug is dispensed.
- The amounts indicated in fields 513 and 517 are a total of spenddown plus deductible, not just deductible.

Example 1: Single Prescription, Non-Compound Claim with Spenddown							
	Field 509	Field 505	Field 513	Field 517	Field 518	Field 504	
	Total Amount Paid (by SeniorCare)	Patient Pay Amount*	Remaining Deductible Amount	Amount Applied to Periodic Deductible	Copay Amount	Remaining Spenddown	Remaining Deductible
Prescription 1	\$0	\$100	\$575	\$100	\$0	\$75	\$500

*This amount represents the participant's out-of-pocket liability left by other insurance which was applied to spenddown.

Example 2: Single Prescription, Non-Compound Claim with Deductible							
	Field 509	Field 505	Field 513	Field 517	Field 518	Field 504	
	Total Amount Paid (by SeniorCare)	Patient Pay Amount*	Remaining Deductible Amount	Amount Applied to Periodic Deductible	Copay Amount	Remaining Spenddown	Remaining Deductible
Prescription 1	\$0	\$7	\$493	\$7	\$0	\$0	\$493

*This amount represents the participant's responsibility. This is the lesser of the participant's out-of-pocket expense left by other insurance and the SeniorCare rate minus the actual insurance payment.

Example 3: Single Prescription, Non-Compound Claim with Copayment							
	Field 509	Field 505	Field 513	Field 517	Field 518	Field 504	
	Total Amount Paid (by SeniorCare)	Patient Pay Amount*	Remaining Deductible Amount	Amount Applied to Periodic Deductible	Copay Amount	Remaining Spenddown	Remaining Deductible
Prescription 1	\$0	\$5	\$0	\$0	\$5	\$0	\$0

*This amount represents the participant's responsibility. This is the lesser of the participant's out-of-pocket expense left by other insurance and the SeniorCare rate minus the actual insurance payment.

Appendix 7 (Continued)

Example 4: Single Prescription, Non-Compound Claim with Copayment

	Field 509	Field 505	Field 513	Field 517	Field 518	Field 504	
	Total Amount Paid (by SeniorCare)	Patient Pay Amount*	Remaining Deductible Amount	Amount Applied to Periodic Deductible	Copay Amount	Remaining Spenddown	Remaining Deductible
Prescription 1	\$72	\$15	\$0	\$0	\$15	\$0	\$0

*This amount represents the participant's liability for copayment.

Example 5: Single Prescription, Non-Compound Claim with Deductible

	Field 509	Field 505	Field 513	Field 517	Field 518	Field 504	
	Total Amount Paid (by SeniorCare)	Patient Pay Amount*	Remaining Deductible Amount	Amount Applied to Periodic Deductible	Copay Amount	Remaining Spenddown	Remaining Deductible
Prescription 1	\$0	\$87	\$413	\$87	\$0	\$0	\$413

*This amount represents the participant's liability for deductible. Wisconsin SeniorCare will apply the SeniorCare allowed amount or the participant's out-of-pocket expense left by the primary plan, whichever is less.

Example 6: Single Prescription, Non-Compound Claim with Copayment

	Field 509	Field 505	Field 513	Field 517	Field 518	Field 504	
	Total Amount Paid (by SeniorCare)	Patient Pay Amount*	Remaining Deductible Amount	Amount Applied to Periodic Deductible	Copay Amount	Remaining Spenddown	Remaining Deductible
Prescription 1	\$0	\$0	\$0	\$0	\$0	\$0	\$0

*This amount represents the participant's responsibility. This is the lesser of the participant's out-of-pocket expense left by other insurance and the SeniorCare rate minus the actual insurance payment. In this example, the primary insurance plan paid in excess of the SeniorCare rate; therefore, the claim is considered paid in full. There is no participant liability.

Appendix 7 (Continued)

Example 7: Single Prescription, Non-Compound Claim with Deductible							
	Field 509	Field 505	Field 513	Field 517	Field 518	Field 504	
	Total Amount Paid (by SeniorCare)	Patient Pay Amount*	Remaining Deductible Amount	Amount Applied to Periodic Deductible	Copay Amount	Remaining Spenddown	Remaining Deductible
Prescription 1	\$0	\$87	\$413	\$87	\$0	\$0	\$413

*This amount represents the participant's liability for deductible. Wisconsin SeniorCare will apply the SeniorCare allowed amount or the participant's out-of-pocket expense left by his or her primary plan, whichever is less.

Example 8: Single Prescription, Non-Compound Claim with Spenddown							
	Field 509	Field 505	Field 513	Field 517	Field 518	Field 504	
	Total Amount Paid (by SeniorCare)	Patient Pay Amount*	Remaining Deductible Amount	Amount Applied to Periodic Deductible	Copay Amount	Remaining Spenddown	Remaining Deductible
Prescription 1	\$0	\$125	\$510	\$125	\$0	\$10	\$500

*This amount represents the participant's out-of-pocket liability which was applied to spenddown.